



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3733

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/664,253 | FILING DATE<br>09/17/2003<br><br>RULE | CLASS<br>029 | GROUP ART UNIT<br>3726 | ATTORNEY<br>DOCKET NO.<br>NT0002 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

Nancy Kathryn Tedeschi, Rexford, NY;

\*\* CONTINUING DATA \*\*\*\*\*  
*NK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/11/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS  
 37008  
 GOODMAN PATENTING, INC.  
 1187 HILLSIDE AVE, APT. 3B28  
 NISKAYUNA, NY  
 12309

TITLE  
 Method and apparatus for fastening earrings

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|

|  |                                 |
|--|---------------------------------|
|  | <input type="checkbox"/> Credit |
|--|---------------------------------|